

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2011 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Cieszko LCID Landfill Permit: 25I-LCID- ID: P1126

Facility Website (URL): None

Physical Address	Mailing Address
Street 1: <u>1090 NC Highway 101</u>	Street 1: <u>PO Box 690</u>
Street 2: _____	Street 2: _____
City: <u>Havelock</u> County: <u>Craven</u>	City: <u>Havelock</u>
State: <u>North Carolina</u> Zip: <u>28532</u>	State: <u>North Carolina</u> Zip: <u>28532</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Martin G. Cieszko</u>	Name: _____
Phone: <u>(252) 447-2096</u> Fax: <u>(252) 447-0687</u>	Phone: _____ Fax: _____
Email: <u>mgcieszko@bizec.rr.com</u>	Email: _____

1. Tipping Fee: \$75.00 per tandem axle truck
 Tipping Fee: \$100.00 per triaxle truck
 Tipping Fee: \$125.00 per dump trailer

2. Estimate the amount of waste taken in an average week at this facility? 100 ☐ tons ☒ cubic yards

3. How many weeks did you operate this year? 50

4. What are the hours/days of operation for this facility? 0700-1530 Monday-Friday by appointment

5. What is the acreage of the footprint of the waste on site as of June 30? 2.53 Acre(s)

6. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

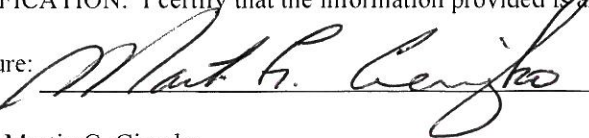
If so, please report the date this occurred: _____

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

Ray Williams
127 Cardinal Drive Ext.
Wilmington, NC 28405
phone: 910.796.7342 email: Ray.Williams@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature:  Date: 1 August 2011

Name: Martin G. Cieszko Title: President

Phone Number: (252) 447-2096 Email: mgcieszko@bizec.rr.com

Facility Name: Cieszko LCID Landfill Permit: 25I-LCID-

Address: 1090 NC Highway 101

City: Havelock State: North Carolina Zip: 28532

Person completing Assessment: Martin G. Cieszko Date: 1 August 2011

Phone Number: (252) 447-2096 Fax: (252) 447-0687 Email: mgcieszko@bizec.rr.com

Instructions: Please indicate either *Yes* or *No* for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the *Edge of Waste* (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.

Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
3. Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? ☒ Yes ☐ No
If Yes, how many? One
What are the three closest distances from the *Edge of Waste*? 1,005 Feet 1,050 Feet 1,650 Feet
Please list the names of the water bodies: Hancock Creek
5. Is Public Water Available Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many of the Residential Dwellings noted above are connected? _____

Corrective Measures

6. Is there an active methane extraction system (blower, flare, etc.)? ☐ Yes ☒ No
7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? ☐ Yes ☒ No
8. Is there groundwater remediation taking place on site? ☐ Yes ☒ No
If Yes, what is the specific remedial technology used? _____

Comments

None